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09/22/2011

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(Depositor's name (Signatur (Dat

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.						
	10/598,043	06/25/2007	Paolo Dario	5413KST-3	9483						
TITLE OF INVENTION: TELEOPERATED ENDOSCOPIC CAPSULE FOURPED WITH ACTIVE LOCOMOTION SYSTEM											

		ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/22/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
SMITH, PHII	IP ROBERT	3779	600-114000				
Change of correspondence address or indication of "Fee Address" (37 FER 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  T-Fee Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	3 registered patent attorn yely, e firm (having as a memb igent) and the names of up meys or agents. If no nam	era 2	1_Sheridan Ross, P.C 2	
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and Techn		categories (will not be p	rinted on the patent):	Individual 🖾 Corporati	on or other private group	entity 🗖 Governmen	

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